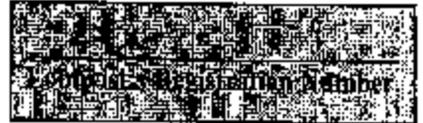


**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.



**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 11/07/05

LSUAPP

10/10/05

RECEIVED  
NOV 7 2005  
AM 11:41

1. NAME Cunningham Kevin E.  
Last First MI

2. BUSINESS PHONE (225) 929-7033

3. BUSINESS ADDRESS 8440 Jefferson Hwy., Suite 301 Baton Rouge, LA 70809  
Street and No. City State Zip

MAILING ADDRESS (Same as above)  
Street and No. City State Zip

4. EMPLOYER Roedel, Parsons, Koch, Blache, Balhoff & McCollister

5. EMPLOYER'S ADDRESS (Same as above)  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name See attached

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

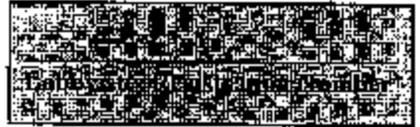
New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

**HAND DELIVERED**

**SUPPLEMENTAL REGISTRATION FORM**



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_
- New Representation  
Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_
- Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_
- New Representation  
Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_
- Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

**LOBBYING LIST OF KEVIN E. CUNNINGHAM - 901**

**\*\* Paying Client**

- |    |   |                            |
|----|---|----------------------------|
| ** | SOUTHERN SCRAP & RECYCLING<br>6847 Scenic Highway<br>Baton Rouge, LA 70807    | Business Developer         |
| ** | BATON ROUGE AREA FOUNDATION<br>402 North Street<br>Baton Rouge, LA 70802      | Non-Profit<br>Organization |
| ** | ST. PAUL - TRAVELERS<br>One Tower Square - 8MS<br>Hartford, Connecticut 06183 | Business                   |